

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90140 046 ***150.00

DOCUMENT # P01000113238

1. Entity Name

G.P. & SONS OVERSEAS, INC.



Principal Place of Business
7226 WEST COLONIAL DRIVE
#104

ORLANDO FL 32818
US

Mailing Address
7226 WEST COLONIAL DRIVE
#104

ORLANDO FL 32818
US

2. Principal Place of Business

12578 REAVES ROAD-ORLANDO

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32818

Country

U.S.A.

Zip

32818

Country

U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-3039173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, DAVID J

7226 WEST COLONIAL DRIVE #104
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature] E. PILLAY

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PILLAY, E.	
STREET ADDRESS	7226 WEST COLONIAL DRIVE #104	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILLAY, G.	
STREET ADDRESS	7226 WEST COLONIAL DRIVE #104	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	PILLAY, S.	
STREET ADDRESS	7226 WEST COLONIAL DRIVE #104	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	K. PILLAY	
STREET ADDRESS	7226 W/COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] E. PILLAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/2003

407 467 6984

Date

Daytime Phone #

CR2E034 (10/02)